



## CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

**First Name:** (PRINT CLEARLY) \_\_\_\_\_ **Last Name:** (PRINT CLEARLY) \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Office/Home Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Comments:

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**If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans** \_\_\_\_\_

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### REQUESTED REVIEWS

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|---|---|---|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL  | <input type="checkbox"/> BLDG                             | <input type="checkbox"/> DERM                 | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP   | <input type="checkbox"/> LANDSCAPING                      | <input type="checkbox"/> MECH                 | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF   | <input type="checkbox"/> SIGN                             | <input type="checkbox"/> STRU                 | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK  | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK | <input type="checkbox"/> OPTIONAL PLAN REVIEW |                               |                               |                               |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU |   |   |                               |                               |                               |

### -FOR OFFICE USE ONLY-

**TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clerk Name: \_\_\_\_\_ Arrival Time: \_\_\_\_:\_\_\_\_

Process No(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Re-Issue | <input type="checkbox"/> Plan Revision |
| <input type="checkbox"/> Rework   | <input type="checkbox"/> Shop Drawing  |